Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>8-23-10</u>	Address:	800 Block of Shelby St.
Case #:	<u>35-30937</u>		Vincennes, Indiana
County:	Knox		
Type of Laboratory Scizure (check one)		Scizure Location (cheek all that apply)	
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel ☐ Open · No Structure ☐ Other:
Check all the Lithium Lithium Red Photo Flamma Water H Anhydre Hydroc Corrosi Corrosi Corrosi	nd: Location (bedroom, kitchen, open ainst apply) I/Ammonia Reaction(s): Osphorous/Iodine Reaction(s): Able Solvents: vehicle Reactive Metal (Lithium): Ous Ammonia: Ihloric Acid Gas Generator(s): Ve Acid: Ve Base: Item and Iocation):	ir. etc)	
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agency			
Fire Department: Vincennes FD Health Department: Knox Co		Fax: <u>886-3</u> Fax: <u>882-5</u>	
		Fax:	
Cana rrote	ection Service:		
	information regarding this methamph officer: Tro. Doug Francis Pho		ontact

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.